



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243**

January 24, 2005

Dear Family or Guardian:

In my last letter to you, just before Christmas, I told you some things about the changes that were coming for people receiving services from our program. I have had several requests for more information about the ICAP, staffing plans and what families can do to be sure that their family member gets the services s/he needs. I have also had questions about the new rates that providers will receive for the services they deliver. I will try to answer those questions in this letter, but if you still have any questions after you read it, please call the Consumer and Family Services Unit in my office (Paul Greene, Ted Eveland, or Shawn Cook) at (615) 741-6632 or use the MR Hotline at 1-800-535-9725.

ICAP (Inventory for Client and Agency Planning)

The ICAP is an assessment tool that helps to find out what kinds of things a person can do for himself and what he needs help with. All of the people we serve have an ICAP score or will have one by the end of January. The ICAP is important for the person and the Circle of Support for planning the person's services. It is important for the provider because it will help them be able to make an appropriate staffing plan for the person and the others he lives with or has day services with.

The person who fills out the ICAP form has to get the information from the people who know the person best. A family member or guardian is usually one of those people. You should be contacted about giving information for the ICAP. You should also be contacted about the results of the ICAP. If you haven't been contacted about these things, you can call the Consumer and Family Services Unit at the above numbers.

If you don't agree with some of the answers on the ICAP, you can get it re-done. If you want the ICAP re-done, you can call Brian Dion at (615) 532-5756 or the Consumer and Family Services Unit.

The ICAP will be repeated for everyone every other year or at any time that the person's needs change significantly. Anyone that knows the person well can ask for the ICAP to be re-done when they think the person's needs have changed a lot. In this situation, it is best to ask the person's ISC (Independent Support Coordinator) to arrange for the assessment.

The ICAP score also is part of what determines how much a provider gets paid for the services they provide. I'll tell you more about this later in this letter under the "Rates" topic.

Training is available to anyone who wants to know more about the ICAP. It is given by each of the Regional Training Offices once each quarter. You can find out when the next training is and where it will be by going to the DMRS website at <http://www.state.tn.us/dmrs> or calling the training office in your region:

West Tennessee	Loretta Motley	(901) 213-1813
Middle Tennessee	Tina Mount	(615) 231-5080
East Tennessee	Alice Taylor	(423) 787-6757

### Staffing Plans

Beginning in January, residential and day service providers must write staffing plans. These plans are based on the needs of the people they serve and on other things like how much skill and experience their direct care staff have, how much supervision the direct care staff get, and how far the home or day site is from back up staff or emergency help. The needs of the people they serve are the kind of things that the ICAP finds. Needs are also found during the "Risk Assessment". The Risk Assessment helps to find out what things may be a danger to the person's health and safety. Needs may also be other things that the family, provider or other COS members know about what the person needs help with.

When the person's new ISP is done, all of these things will be included in the ISP. Right now, if there isn't a new ISP, the provider will rely on the ICAP, the old ISP and information from families to develop the staffing plans. The provider will not change the current staffing until the staffing plan is done. If you have any questions about the staffing plan for your family member's home or day service, contact the service provider. The provider will be happy to talk to you about it. Or, you can call the Consumer and Family Services Unit and we will help you talk to the provider.

The staffing plan for the home will be kept in the person's home. The staffing plan for the day service will be kept in the day services office. When DMRS monitors the programs, we will check to see if the staffing plan is working for the people served. When the ISC monitors if the person's plan is being carried out, they will see if the staffing plan is working for the person. And, if you feel that the person is not getting the help he needs because of the staffing plan, you can ask to meet with the provider about it. Then, if you are still not sure about it, you can call the Consumer and Family Service Unit and we will help you.

### What Can Families do to be Sure Their Family Member Gets the Services Needed?

The most important part of getting the services that are needed is good assessment and planning. You should take an active part in both of these. It is also important to talk to the service providers and see for yourself how your family member is doing.

- If you have a lot of contact with your family member, you can provide good information for the ICAP Assessment and the Risk Assessment. This is important so that the assessments are accurate.
- When it is time to write the ISP, you can be sure that it says all of the important things your family member needs help with.
- If your family member has residential or day services, when you visit you can see how you think the staffing plan is working for him or her.
- And, you can talk to the provider about any concerns you have. The providers want both you and your family member to be happy with the services you get.
- If you still have questions or problems, you can contact the ISC, the Regional Director, or the Consumer and Family Services Unit in my office.

#### Regional Directors:

West Tennessee	Alan Bullard	(901) 213-1949
Middle Tennessee	Kathleen Clinton	(615) 231-5047
East Tennessee	John Craven	(865) 588-0508

If you believe that the services that your family member needs have been denied, suspended, terminated, delayed, or reduced, you may appeal and request a Fair Hearing.

An appeal can be requested by telephone, fax or letter. If a fax or letter is submitted, it should include the person's full name, Social Security number, the reason for appealing and any other information that would be helpful in reviewing the appeal request.

Appeals may be submitted to the DMRS Central or Regional Offices or the TennCare Solutions Unit (TSU). All appeal requests are processed by the TSU. Appeals received by DMRS offices or staff are promptly forwarded to the TSU. If you would like more information about appeals, you can contact the Consumer and Family Services Unit or the Appeals Units in the Regional Offices:

West	Janet Neihoff	(731) 423-5889
Middle	Pam Romer	(615) 231-5031
East	David Hudson	(865) 588-0508

### Rates

Rates refer to the payments DMRS makes to providers for the services they deliver. As part of our plan with the Centers for Medicare and Medicaid Services (CMS), the federal Medicaid agency, DMRS changed the way we determine how much to pay for services. The new rate structure is based on the needs of the individual and the number of people he lives with (for residential services) or the location of the services (for day services). The ICAP and other information about the person's need for supports results in a rate level for the person.

Rate levels range from 1 to 6. Level 1 rates are for people who have no medical problems, no behavior problems and need just a little help with daily activities. Level 6 rates are for people who have extremely dangerous behaviors. The other rate levels are for people whose needs are in between those extremes.

The rates were figured out from reported provider costs and other information about how much it costs to provide the correct amount of service.

Most residential and day service providers will earn a little more money with the new rates. A few providers will earn less money with the new rates. One provider will earn a lot less money and we are working with them to ensure that they will be able to stay open and keep providing quality services.

Rates for therapy providers are changing in a different way. In the past, some therapy providers were able to bill for transportation and for their service. The new rate for therapies includes an amount for transportation for all therapists who have to travel certain distances to provide services.

Other changes are because the definition of the service changed. Therapy, Behavior and Nursing services must be provided "face to face". So, now therapists can only bill for the time they spend with the individual providing the service or training staff. They can't bill for going to meetings. This will result in some therapists earning less money than they did before. The same is true for Behavior Services providers and Nursing Services providers. And, Nursing Services providers can't bill for just doing a nursing assessment.

There is a lot more detail about how the rates were developed and about what the rate levels are. If you would like to have a copy of the paper that describes it, please call the Consumer and Family Services Unit and tell them to send it to you.

I believe the new rate structure is much better than the old one. But, I do not think it is perfect. For one thing, I think that direct care staff need to be paid more. I am supporting a budget

request for more money for direct care staff. I hope the legislature will approve that. We will also be working with providers and others over the next couple years to find out where the problems are with the new rate structure and to fix them.

I know that for many people this is a difficult time because of the changes. I want to assure you that I want to know what questions, concerns and suggestions you have about the changes. And, I want to assure you that I will take all of them into consideration. Again, you can reach the Consumer and Family Services Unit at (615) 741-6632 or use the MR Hotline at 1-800-535-9725 or the Regional Directors:

West Tennessee	Alan Bullard	(901) 213-1949
Middle Tennessee	Kathleen Clinton	(615) 231-5047
East Tennessee	John Craven	(865) 588-0508

They will answer your questions and let me know what problems there are and what suggestions you're making.

Sincerely,

Stephen H. Norris  
Deputy Commissioner  
Division of Mental Retardation Services

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